

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	07/02/2019 19:29
Date Of Accident	02/02/2019 15:45
Exact Location Of Accident	ECP TWDS AIRPORT AFT MARINE PARADE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9340Y
Insured/Policyholder	
Name Of Registered Owner	DARWIN-51 CAR RENTAL PTE LTD
Co Reg No	201407909C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88215151

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V07071/VPZ/R01
Cover Note Number	

Driver

Name of Driver	CHOY WEN HAN,BENJAMIN
NRIC No	S9328158F
Date Of Birth	06/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94556040
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 340 BUKIT BATOK ST 34 #08-36
Postcode	650340
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ565D
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	PAWAN RAZDAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHOY WEN HAN,BENJAMIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLR9340Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 07/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN

(A) 3LR 9340 Y.

(B) 3JQ 565D.

ECP towards Airport after Marine Parade Exit.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/02/19 at @ 1545 hrs, I was travelling in my vehicle along ECP towards Airport after Marine Parade exit on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a car (3JQ 565D) from behind collided onto the rear portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9328158F**
 Name: **CHOY WEN HAN, BENJAMIN**

Birth Date: **05 Aug 1993**
 Issue Date: **05 Apr 2012**

蔡文漢

CHINESE

Date of Birth: **05-08-1993**
 Country of Birth: **SINGAPORE**

050505171000

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: **S9328158F**

Name: **CHOY WEN HAN, BENJAMIN**

蔡文漢

Race: **CHINESE**

Date of Birth: **05-08-1993**
 Country of Birth: **SINGAPORE**

050505171000

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S9328158F**
 Name: **CHOY WEN HAN BENJAMIN**

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Car<= 3500kg with <=7 passengers, inclusive of the driver, and other motor vehicles <= 2500kg

EFFECTIVE DATE

05 Apr 2012

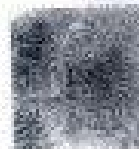
LP 435A



Licence No: **S9328158F**



050505171000



Date of Birth: **05-08-2008**

Address: **APT BLK 340 BUKIT BATOK STRAIT 34 #06-35 SINGAPORE 650340**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575031.

Type	Description	Issue Date
13	PRIVATE HIRE CAR-VL	11/07/2018

